V. B. No. 1.

N. B.

RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS A WRITE

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Carskill

STATE OF MARYLAND **CERTIFICATE** OF DEATH

Registration Dist. No...

62

٧	'illage or City Mear Develagno	St.; Ward) [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ecale Color or race 5 single, MARRIED, WIDOWED, ORDIVORCED ORDIVERCE OWNERS ORDIVERCED OF The WOrd)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	that I last saw hallvc on
7 A	ge if LESS than 1 day,hrs. or	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: (yellow) The own Paw Elico Chiff but miss wife
(b) bus wh	rticular kind of work	(Duration) yrs. mos. ds. Contributory (Secondary)
TS	10 NAME OF FATHER Class Correction of FATHER Class Correction of FATHER	(Signed Augus Ferry e, M. D. (Must 3, 1914 (Address) Sulley Must be a superior of the superio
PAREN	(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mcs ds.
14-	(Informant) Chash acres	Where was disease contracted, If not at piace of death? Former or usual residence
15 Fil	(Address) Deulow Trig 160 Glid 23, 1914 DO George Cus RECISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PARTIE 24, 1914 20 UNDERTAKER ADDRESS Alirail Zuroon Date of Burial ADDRESS
	If more blanks are needed, address State Registra	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichar etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ampie: Mcasles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronical ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Never report Examples: For vio-



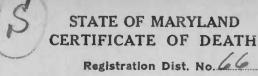
UNFADING INK-THIS IS

RECORD

PERMANENT

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated F DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate Every item of information should GAUSE OF DEATH in plain terms important. See instructions on bac m ż

1 PLACE OF DEATH



Ilf death occurred in St .:Ward) a hospital or institution.

FULL NAME HOW	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemas White Bollonces (Write the word)	18 DATE OF DEATH Of LO 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	afril 20th 1914 to afril 20th 1914. that I last saw her attroom afril 20th 1914
7 AGE If LESS than 1 day Sec	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Stiel Borns (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary Cand	Gontributory Secondary (Buretlan) yra
10 NAME OF FATHER HILLIAM Chadreum 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Nadama, M.D. Charles) (Signed) (Signed
of Mother Tosa Trucket 13 BIRTHPLACE OF MOTHER (State or country) Maryland 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs ds. State yrs mos ds Where was disease contracted, If not at place of death?
(informant) Assissan landren	Former or usual residence.

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAR

S. No. 1.

15



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. statement. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Trecise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measles (discase causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for For vio-



V. S. No. 1.

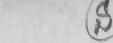
CAUSE OF Important. S

N.B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. PLAINLY, WITH

PLACE OF DEATH 372



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 6 6
Village or City Redgely (No, 2FULL NAME not grasse	St.; Ward) St.; Ward) Amstrong [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOWED, OR DIVORCEO (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH Still for 16 , 191 4 (Year) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on ,191 and that death occurred on the date stated above, at , m
yrsmosds. 1 day,hrs. ORmin. ?	The CAUSE OF DEATH* was as follows: Had evidently been deaf sure days befor birth, Can't tell
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Dovid Revore. Contributory Dovid Revore.
10 NAME OF Robert arustrons	(Signed) & F. Switte M. D. O. O. O. 191 4 (Address) Ridgely Ned.
OF FATHER (State or country) 12 Martin 12 Martin 2 (S), 12 MOTHER (STATE)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Caroline Co.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds
(Intermant) Rest of MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) / Obert Brash 52. Filed Offel 16,191 / D. D. D. REGISTRAR If more blanks are needed, address State Regis	DATE OF BURIAL OR REMOVAL PLAN MAGGIN 20 UNDERTAKEN Smith Und Wentles Ridgely Mid trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons mine, etc. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care dnties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopueumonia ("Pneumonia," unqualified, is indefinite): Tubereulesse of tungs, meninges, peritonaeum, etc., Carein-

thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrcly symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, ctc., of...... (name origin; "Can-Aceidental drowning; Struck by railway train-aceiwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Brouchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for "Exhanstion," For VIO-



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		N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
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V. S. No. 1.		MOT
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PHYSICIANS should state of OCCUPATION is very

RECORD

PLACE OF DEATH
County Caroline



STATE OF MARYLAND CERTIFICATE OF DEATH

20 . 1 0 0	and a second	Registration Dist. N	I
Mage or City Bethlehem (No		St.;Ward)	

Ilf death occurred in

2FULL NAME (Still - Born)	Blades St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Unknown White Single, Widowed, Single (Write the word)	16 DATE OF DEATH (Mg/lth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	
7 AGE O yrs O mos O ds OR. Omin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work None	Still-Born
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
OF STATHER Chas. Blades 11 BIRTHPLACE OF FATHER Chas. Blades 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Williamson 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TOUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (STATE OF RESIDENCE) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or
(Informant) (Address) Bubliherr 15 Filed May 20, 1914 Chas B. Harrison Deal REGISTRAN	19 place of Burial or REMOVAL DATE OF BURIAL Phas Blades April 2, 1914 20 un detaker Alades Athrehen

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

1.

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Contributory." The contributory tctanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent)



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PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT AGE should be stated EXACTLY. properly classifled. Exact statemen 4 UNFADING INK-THIS IS e carefully supplied. so that it may be of certificate. PLAINLY, WITH of information should be DEATH in plain terms, so See instructions on back of WRITE CAUSE OF important.

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aroline	

5 SINGLE,

MARRIED,

centerour conferous 839

WIDOWED. WORKED (Write the word)

Village or City audersoutown No.

4 COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

1 PLA

County

3 SEX

6 DATE OF BIRTH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
18 DATE OF DEATH Upril	9 , 1914 (Day) (Year)
17 I HEREBY CERTIFY, That I s	ttended deceased from
march 1914, to afin	c 4 , 1914;
that I last saw here alive on afficial	1914
and that death occurred on the date stated a	bove, at 5 am.
The CAUSE OF DEATH* was as follows:	, ,
digense, but a generals	
the vital polvers in	
take nounah pour didnint	yrs. 2 mos ds.
Contributory Annakanana (Secondary)	
(Signed) John Dutagway	yrs. mos. ds.
aprilo , 1914 (Address) Poles	ton mi
*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	deaths from Violent (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR MOSPITALS. II OR RECENT RESIDENTS) At place In the ot death \(\int \subseteq \) yrs. mos. ds. State \(\int \subseteq \) Where was disease contracted, it not at place of death?	S yrs, mos, ds
Former or usual residence Caroline Cour	G
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Soul Centery	gard 11 , 1914
20 UNDERTAKER	ADDRESS

	(Month) (Day) (Year)	that I last saw here allve on afficiently the that I last saw here allve on afficiently
7 A		and that death occurred on the date stated above, at 5 m The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work. General nature of industry, Esses of Configuration in actions of establishment in actions of configuration in the employed (or employer)	digense but a zamende failure of the vital polices invalinging of tokenounish (Our History Vrs. 2, mos. os
9 B	IRTHPLACE (sate or country) Manual	Contributory Andrews (Secondary)
RENTS	10 NAME OF FATHER Payer Hayres 11 BIRTHPLACE OF FATHER (State or country) maryland 12 MAIDEN NAME	(Signed) John Music Maguay M. D. (Signed) John Music Maguay M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country) May Land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death
14-	Informant And Boston	Where was disease contracted, it not at place of death? Former or usual residence baroline bounty
15 Fl	led April 11, 1914 John Dudabury	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL GENERAL 20 UNDERTAKER ADDRESS Wirail Mooras
1	if more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dinemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscias (Carcinoscias death)

injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Exture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... (Recommendations on statement of (name origin; "Can-State cause for



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WRITE

PLACE OF DEATH

3728

18	
STATE OF MAR	YLAND
CERTIFICATE OF	
CERTIFICATE OF	DEATH
Registration Dist	. No. 64
St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead
Korodes	ot street and number.]
MEDICAL CERTIFICATE OF	
	DEATH
16 DATE OF DEATH WILL	, 19114
(Month)	(Day (Year)
17 HEREBY CERTIFY, That I	attended deceased from
101.27, 1914, to M	Ch. 07, 191.4.
that I last saw h A.M. alive on	Ch. 3/ 10100
	0 1150
and that death occurred on the date stated	above, at Tab Ditim,
The CAUSE OF DEATH* was as follows:	-

a hyoure Valued	ar Heart Dio.
Ed Dysenlery,	***************************************
•	
	yrsds.
Contributory	
(Duration)	yrs mos ds.
+1 1 /1 d	1
(Signed)	, N. D.
13, 191 of (Address) & Feld	eroloburg
*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and TAL, Suicidal, or Homicidal.	in deaths from VioLent (2) whether Acciden.
18 LENGTH OF RESIDENCE (FOR HOSPITALS,	
OR RECENT RESIDENTS)	HANSIENTS,
At place In the ot death yrs mos ds. State	yrs, ds
Where was disease contracted.	J19,
If not at place of death?	******************************
Former or	

County... PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than an 1 day.....hrs. Th OR min. ? ds. BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) PARENTS 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) ot 14 THE ABOVE IS KNOWLEDGE If

(Informant)-

(Address)

REGISTRAR

UNDERTAKER

BURIAL OR REMOVAL

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

usual residence.

ADDRESS



8

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foremau," (b)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. cte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthemia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify us cause. "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy;" "Exhaustion," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUIGIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

PHYSICIANS should state of OCCUPATION Is very RECORD of information should be carefully supplied. AGE should be stated EXACTLY. If DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF I

3729 1 PLACE OF DEATH Paroline



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Federalsburg (No. , Pull NAME Beatrice	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Cacle Stingle, MARRIED, WIDOWED, Smigle ORDIVORCED (Write the word)	Month) (Day (Year) 17 hereby certify, That I attended deceased from
Month (Day (Year)	that I last saw h alive on do Cot
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Whooping conging (Duration) yrs mas 2/ds.
9 BIRTHPLACE (State or country)	Secondary (Buretles)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mes ds Where was disease contracted, It not at place of death?
(Address) Hederalshing mg 15 Filed apr 8, 1914 B /1 Defferson	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DISTRIBUTION S., 191. 4

V. S. No. 1.

N. B

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

C	ounty Caroline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 47
٧	illage or City Welliston (No)	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of sfreef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
2	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWEV ORDIVORCED (Write the word)	16 DATE OF DEATH Month (Day) (Year)
	GE Supposed (Manth) (Jay) (Year, 1 day, hrs.	that I last saw have all ve on the date stated above, at 6 m,
pa (b) bus	yrs. mos. ds. OR min.? CCUPATION) Trade, profession, or rificular kind of work. General nature of industry, iness, or establishment in ch employed (or employer)	The CAUSE OF DEATH* was as follows: Company Company
PARENTS	10 NAME OF FATHER ACOB BOSSING 11 BIRTHPLACE OF FATHER (State for country) Maryland 12 MAIDEN NAME OF MOTHER (State or Country) Maryland 13 BIRTHPLACE OF MOTHER (State or country) Maryland	Contributory (Secondary) (Signed) (Buration) (Signed) (S
6 Fil	ed Mr. 30 191 4 John Duthowy REGISTAR	Where was disease contracted to the contracted of the former or usual residence described and the contracted of the cont
1	If more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.





[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc...

ture of the American Medical Association.) mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (nierely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Examples:



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-5	t.;	 W	аг	d)	

Tif death occurred in a hospitat or institution, give its NAME instead of street and number.]

FULL NAME

PERSON	AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	les lold (Write the word)	16 DATE OF DEATH April 28, 1914 (Month) (Day (Year)
Jumale	Cloud (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH	(Myath) (Day (Year)	that I last saw h alive on [9]
⁷ AGE	Systell-Bory 1 day,hrs. OR min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work.		Still-Born
		(Duration)wrsmosds.
9 BIRTHPLACE (State or country)	md.	Contributory Secondary (Ouration) yrs mos ds.
O 11 BIRTHPLAC OF FATHE CState or C	R 7 /	(Signed) Maris Freae Regator) . # 8. apl/28, 191 4 (Address) Ridgely, Md.
OF FATHE (State or C	AME 1/	*State the DISEASE CAUSING DEATH, or in Graths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLAC OF MOTHE (State or o	Rountry) Md. U	At place in the of death yrs, mos ds.
14 THE ABOVE IS T	W. It. leurtis	Where was disease contracted, if not at place of death? Former or usual residence
(Address)	Ridgely, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Upl. 28	8,1914 J. D. Davis REGISTRAR	20 UNDERTAKER acting ADDRESS W. H. Louttes Redaely
	If more blanks are needed, address State Regist	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



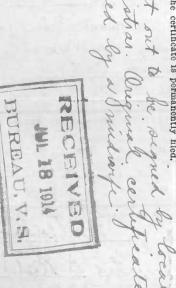
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," But in many "Foreman,"

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cause of death approved by Committee on Nomenelascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report



OCCUPATION IS

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PLACE OF DEATH



STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. It death occurred inWard) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, or DIVORCED Word Owed (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH that I last saw hassa-(Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above. f dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory (State or country Secondary (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER anown, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the 11 of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos. Where was disease contracted. if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL 15 20 UNCERTAKER

REGISTRAR

Chinon. If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds., valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjnry, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never repor-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important. See instructions on back of certificate.
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PHYSICIANS should state of OCCUPATION IS very

RECORD

PLACE OF DEATH 37	33	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 66
Village or City Ridgely 2FULL NAME MV1	(No	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED Wigowed ORDivore, (Write t		16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Apr. 9 (Month) (December 1)	, 1914 (Year)	
7 AGE	If LESS than 1 day, Ohrs. ORmin.?	and that death occurred on the date stated above, at. of the CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work		(Duration)
which employed (or employer) 9 BIRTHPLACE (State or country) Caroline	0	Contributory Faulty nutrition Secondary
10 NAME OF GENTGE Edward 11 BIRTHPLACE OF FATHER	of French	(Signed) & F. Surity M. M. Ofer, 10, 1914 (Address) Ridy sly Ind.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CLSIZ	needo.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, Or HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN)
13 BIRTHPLACE OF MOTHER (State or country) Carolin	re Co,	At place in the of death yrs mos ds. State yrs mos
(Intermant) (Intermant)	NOWLEDGE encler	Where was disease contracted, If not at place of death? Former or usual residence
(Address). Red gely 16 Filed Mrz 10,1914 D	au i	19 PLAGE OF BURIAL ON DEMOVAL DATE OF BURIAL O
	REGISTRAR address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers statement. it should be used only when needed. the nature of the business or industry, and therefore an ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State cause for



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inWard) a hospital or institution. give its NAME Instead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 aINGLE, 4 COLOR OR RACE MARRIED, man WIDOWEO, (Month) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS fhan 1 day hrs. The CAUSE OF DEATH* OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishmenf in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS Z. 191 4... (Address) 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS 13 BIRTHPLACE Af place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State yrs. _ Where was disease contracted. If not at place of death? Former or usual residence BURIAL'OR REMOVAL DATE OF BURIAL (Address).... 15 DDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaeoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less defiuite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Wcakness," Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) ctc. death), 29 ds.; State cause for "Exhaustiou," Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

- /	PLAGE OF DEATH 3735	STATE OF MARYLAND
1	Caroline	CERTIFICATE OF DEATH
/co	unity	Registered No. 62
Vi	llags or City hear Henderson (No. 1)	St; Ward) [It death occurred in a hospital or Institution, give its NAME instead of street and number.]
	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE MARRIED, WIDOWED, OROSPORCEO (Write the word)	(Month) (Day) (Year)
6 D/	ATE OF BIRTH	, 191, to, 191,
	(Month) Two (Day) To (Year)	that I last saw h alive on
7 AG		and that death occurred on the date stated above, at
:	yrs.	The CAUSE OF DEATH'* was as follows:
(8)	CCUPATION Trade, profession, or ticular kind of work	natural Causes
busi	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs mos. ds.
9 BI	RTHPLACE (att or country) maryland	Contributory (Secondary) (Doration) yrs. mos. ds.
	10 NAME OF Harvey Glanding	(Signed) Solliam Johnsh Corner
TE	11 BIRTHPLACE OF FATHER (State or country) Quely anne 60 min	*State the DISPASE CAUSING DEATH, of In deaths from Violence
PAREN	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
۵	13 BIRTHPLACE OF MOTHER (State or country) Delaware	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Informant) Harvely ylanding	Former or usual residence
	(Address) Lewellerson nich	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil		20 UNDERPAKER ADDRESS, 1914
1	Joseph Registran	ar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.
1	II more manas are needed, address State Registra	at, o m. standin ot., Delto, Acqueeting v. S. 110. 1.





[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement cases, especially in industrial employments, it is nec Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the pismass who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., applies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, If the occupation has Farmer or Planter For person

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinospinal cause of lungs, meninges, peritonaeum,

cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritie ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. &., dent; Revolver wound of head-homicide; Powoned Accidental drowning; Struck by railway train acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for mails. ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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STATE OF MARYLAND CERTIFICATE OF DEATH

County Caracte	Description 21 (00
e ma	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from Month 2, 1914, to Mar. 2, 9, 1914, that I last saw has alive on Mar. 2, 9, 1914
If LESS than 1 day,hrs. or	and that death occurred on the date stated above, at
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maunhaud	Contributory (Secondary)
10 NAME OF FATHER MI VIVALANTO VO 11 BIRTHPLACE OF FATHER (State or country) MA, Unique 12 Maiden Name	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS, TRUE TO THE BEST-OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death?
(Informant) (Address) Mary del Marianti (Address) Mary del Marianti (Address) Mary del Marianti (Address) Mary del Marianti (Address) Marianti (Ad	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS ADDRESS

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> such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may he stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent (name origin: "Can State cause for Never report Examples:



PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

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A PERMANENT

stated EXACTLY.

should be

AGE

WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

9 ż 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Greenston (No., 2 FULL NAME Abraham.	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Lolor or RAGE Single, Married, Married Widoweo, Married Or Daro of Birth April 30, 1815	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Torres weeks 7, 191, that I last ssw h alive on
7 AGE (Month) (Day (Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated shove, at
e occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Cercle debtets (Duration) yrs. mos. ds.
OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State of country) 2 Description of the father of the fath	(Signed) (Duration) yrs mos ds. (Signed) (Address) (Buration) yrs mos ds. (Signed) (Address) (Buration) yrs mos ds. (Signed) (Buration) yrs mos ds. (Signed) (Buration) yrs mos ds.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) (informant) (informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos, ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Filed Gril 19 1914 Kuel Breeze	PPLACE OF BURIAL OR REMOVAL DATE OF, BURIAL ADDRESS 20 UNDERTAKER ACCORDES PROPERTY AND

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged lu the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origiu; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnffectiou ueed not be stated unless Important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "Puerreeral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probability LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 6 1914

BURBATT, Y. S.

BINDING
FOR
RESERVED
MARGIN

B. No.

RECORD statement PERMANENT stated EXACTLY. Exact claasified. 4 S ahould UNFADING INK-THIS property AGE carefully supplied.
so that it may be p 50 PLAINLY, WITH of information ahouid be See instructions WRITE CAUSE OF important. S m ż

PHYSICIANS ahould atate of OCCUPATION is very PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, MAN widowed, ordivorced (Write the word) 8 DATE OF BIRTH that I last sa (Day) (Year) (Month, 7 AGE If LESS than and that deat 1 day,....hrs. The CAUSE OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) -----Contribute ⁹ BIRTHPLACE (State or country) (Secondar) 10 NAME OF FATHER (Signed) OF FATHER (State or country) ARENTS DEATH in plain terms, *State the CAUSES, sta 12 MAIDEN NAME OF MOTHER TAL, SUICID 18 LENGTH C OR RECENT 13 BIRTHPLACE OF MOTHER (State or country) At place of death Where was disea KNOWLEDGE if not at place of Former or usuai residence. 15 20 UNDERTA REGISTRAR

If more blanks are needed, address State Registrar, VE. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

CTATE OF MARKING
STATE OF MARYLAND
CERTIFICATE OF DEATH
Padlatestan Diet W. 62
Registration Dist. No.
[if death occurred in
St.; Ward) a hospital or institution, give its NAME instead
of pirest and number 1
Samuel Land
MEDICAL CERTIFICATE OF DEATH
MEDICAL CERTIFICATE OF DEATH
DEATH april 19 1914
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from
1 , 1914, to april 17, 1914,
v hum alive on afail 12, 1914
h occurred on the date stated above, at 10 H m,
OF DEATH* was as follows:
-
omo Mimulla
(Duration) yrs.4 mos. ds.
, , , , , , , , , , , , , , , , , , ,
7)
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
usan a Einga, N.O.
9, 1914 (Address) Deuleu
DISEASE CAUSING DEATH, OF, In deaths from VIOLENT te (1) MEANS OF INJURY; and (2) whether ACCIDENAL, OF HOMICIDAL.
AL, or HOMICIDAL.
F RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RESIDENTS)
in the
rs mos ds. State yrs mos ds.
se contracted,
death?
BURIAL OR REMOVAL DATE OF BURIAL
12 2/
ord Cemetary afire. 21, 1914
12 2/





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary, may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if Impossible to determine definitely. childbirth or miscarriage, as "Purperal septicharmus," "Old Age," "Shock," "Uraemla," "Weakness," "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned LENT DEATHS state MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can death), 29 ds. "Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1914
BUREAU.Y.S.



V. S. No. 1.

N. B.

	should state
RECORD	PHYSICIANS of OCCUPA
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	CA

Goun	PLACE OF DEATH 3739	STATE OF MARYLAND CERTIFICATE OF DEATH
1	\mathcal{A}_{\circ}	Registration Dist. No.
Villa	FULL NAME Edward 27	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JM 3 SEX	ale. 4 color or race 5 singlé, Married, Wiowed, wiowed, windowed, orbivorceo (Write the word)	DATE OF DEATH OPENIA, 28 U (Year) Month) (Day (Year)
6 DAT	E OF BIRTH 22" , 1833	That I last saw here alive on Chief 26, 1914
7 AGE		and that death occurred on the date stated above, at \
(a) Tr partic (b) Ge busines	ade, profession, or ade, profession, or ade, profession, or ade and a series and a	Classical rephilips (Duration) yrs 2 mos ds
	tate or country) Maryland,	Gontributory Secondary
1	NAME OF Hoopex Hubbert	(Signed) (Duration) yrs mos ds.
<u> </u>	BIRTHPLACE OF FATHER (State or country) Wary land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
_	2 MAIDEN NAME JULKNOWN,	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
	State or country)	At place in the ot death yrs, mos ds. State yrs, mos ds
	ormant) M'S Sa Sar Trent	Where was disease contracted, If not at place of death? Former or usual residence.
15 Flied	The state of the s	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
-	REGISTRAR	S. l. Framptom & Son, Federals harg

If more blanks are needed, address State Registrar, 6 E. Franklin St., Malto., Requesting V. S. No. 1.



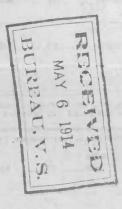


[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tiou is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Can-"Contributory." (Recommendations ou statement of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senile," etc.), "Dropsy," "Exhaustlon," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; State cause for Never report



state SICIANS should occupation is PHYSICIANS 0 statement EXACTLY. classified. pino properly AGE may carefully terms. piain of information = DEATH CAUSE OF important.

3 SEX

TAGE

PARENTS

16

DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

particular kind of work. (b) General nature of industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

(Address).

OF FATHER (State or country)

OF MOTHER (State or country)

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

5 SINGLE. MARRIED.

WIDOWED,

· (Day

widowed, Market (Write the word)

(Year)

if LESS than

1 day. hrs.

OR ?

4 COLOROR RACE

which employed (or employer) -----



STATE OF MARYLAND CERTIFICATE OF DEATH

Registra	tion Dis	t. No	**************
St.;	Ward)	a hospital give its N	h occurred in or institution, AME instead nd number.]
AL CERTIF	FICATE OF	DEATH	
a	Inil	10	, 1914 (Year)

MEDICAL GERIFICATE OF DEATH				
16 DATE OF DEATH	april	10	1914	
	() onth)	(Day	(Year)	
17 Par Lin ats				
no record of	91, to	1 290-	191	
that I last saw h			. 191	
			,10 A	
and that death occurred		above, at	n	
The CAUSE OF DEATH*	1	1 0		
Old Chronic	frelula	pro ball	7	
believen	//	***		
	,			
•		****		
7 0 0 7 = 7 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	(Duration)	yrs	mosd	
Gontributory Secondary			************	
1000	cas bown	5 yrs. A	mos — d	
(Signed)	and s from	-		
(Signed)		1/	M. I	
Upr 1314 ((Address) Green	po born	rud.	
*State the DISEASE C	AUSING DEATH OF	in deaths fo	oin Wiorns	
CAUSES, state (1) MEA	INS OF INJURY; 21	nd (2) wheth	er Acciden	
18 LENGTH OF RESIDEN	OR IFOR HOSPITALS	INSTITUTIONS	TRANSIENTS	

At place in the

State yrs. _ _ ds. Where was disease contracted. if not at place of death?

Former or

usual residence 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

RECORD PERMANENT 4 15 THIS UNFADING INK certificate. ŏ WITH See Instructions on back WRITE

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, Irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupathus: If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic ccrebrospinal menligitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut ueoplasms); Measles; Whooping eough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urueiuia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 oma, Sarcoma, etc., of...... (name origiu; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probable LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debllity" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Seuile," (Recommendations ou statement of etc.), "Dropsy," "Exhaustion,"



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

should be

AGE

carefully supplied. that it may be

RECORD

PERMANENT stated EXACTLY.

S. No. 1.

1 PLACE OF DEATH

3741

STATE OF MARYLAND CERTIFICATE OF DEATH

do	unt Careline	CERTIFICATE OF DEATH
1	lear G	Registration Dist. No. 62
	lage or City Insulation (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	euale Thete Single, MARRIED. Widowed, Wille Word (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	May 4, 193e	that I last saw h alive on
⁷ A	GE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a	CCUPATION) Trade, protession, or Clausework	Checile debeldy
bus) General nature of industry, siness, or establishment in ich employed (or employer)	(Quration) yrs mos ds.
9 8	(State or country) Maryland	Gontributory Secondary (Duration) yrs mos ds
S	10 NAME OF FATHER Millian Sister	(Signed) All verstoring M. D. Chr 20, 1914 (Address) Treches boro Md
ARENTS	OF FATHER (State or country) Macceplane 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Many Carel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
	(Informant) Land Co Lister	Where was disease contracted, It not at place of death? Former or

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate. 15 ż

REGISTRAR

If more blanks are needed, address State Registrar, 6/E. Franklin St. Palto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauitlon," "Maras genital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aeci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations ou statement of "PUERPERAL septichae Never report



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1	RECORD	HYSICIANS of OCCUPA
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	WRITE F	em of info OF DEATH nt. See inst
V. S. No. 1.		B.—Every II CAUSE Importar
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county Caroline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 67
2FULL NAME Raymond all	st.; Ward) St.; Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Ringle Whote Or Olover the word)	16 DATE OF DEATH (Moyth) (Day (Year) 17 I HEREBY CERTIFY, That I attended degeased from
* DATE OF BIRTH March 12, 1914 (Month) (Day (Year)	I did not 191 attend child 191 died rouddenly from 191
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at from my The CAUSE OF DEATH* was as follows: to die about
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	the child was sick and have to
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	death Guration) yrs mos ds. Contributory Secondary
10 NAME OF Thomas Lord	(Signed) John Dubladway, N. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Ostella Messer 13 BIRTHPLACE OF MOTHER (State or country) Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF WY KNOWLEDGE (Informant) Nomas and	ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, It not at place of death? www. ferror or usual residence.
16 H-30-1914 John Duhadaway	Date of Burial or REMOVAL Concord Cemetery 4-21-,1914 20 UNDERTAKER APDRESS
If more blanks are needed, address State Regis	J. J. Transtor & Con Federalstry Jur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asinjury, as fraeture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association,) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; may be stated under the head of "Dropsy," "Exhaustion," The nature of the Never report



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PHYSICIANS should of OCCUPATION IS

may be properly classified. Exact statement

should be

AGE

carefully supplied.

Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate.

WRITE PLAINLY, WITH

S. No. 1.

D. ż

RECORD

PERMANENT stated EXACTLY.

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No...

St.;Ward)	[If death occurred la a hospital or Institution	
	give its NAME instead of street and number.]	

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Towale Black Single, MARRIED, WIDOWED, WIDOWED ORDIVORCES (Write the word) **DATE OF BIRTH **DON'T KNOW, 1838 (Month) (Day (Year) **TAGE About 1 day, hrs. OR	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 to 1914, that I last saw here alive on the date stated above, at 10 1914, that I last saw here alive on the date stated above, at 10 1914, and that death occurred on the date stated above, at 10 1914, The CAUSE OF DEATH* was as follows: (Duration) yrs. mos. ds. (Signed) (Duration) yrs. mos. ds. (Signed) (
(Informant) Mick Matthews (Address) Goldston Md RFD 16 Filed Gyrl 13, 1914 Ruch Plumer	Where was disease contracted, It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS
16 (1) D : 0 D	Union april 14,191 3

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Consus and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Cure Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "hanitlon," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.:



PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE DATE OF BIRTH

5 SINGLE,

(Month)

.....mos.....

MARRIED, Married

(Year)

If LESS than

1 day,.....hrs.

OR min. ?

ORDIVERCED (Write the word)

(Dav

18 DATE OF DE

that I last saw

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The CAUSE OF

Contributory

Secondary

(Signed)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No
St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
ATH April Month)	2, , 1914 (Day (Year)
HEREBY CERTIFY, That I a	/
er allve on asril	1- ,1914
ccurred on the date stated at	bove, atA m
DEATH * Was as follows:	7
From Township	yrs
	yrs mdy ds,
, 191 4 (Address) Drum	tore, Ms.
DISEASE CAUSING DEATH, or, in (1) MEANS OF INJURY; and or HOMICIDAL.	n deaths from VIOLENT (2) whether Acciden-
RESIDENCE (FOR HOSPITALS, IN SIDENTS) In the	STITUTIONS, TRANSIENTA, yrs,

-	/			7	-	
	*State the DISEASE CAUSING CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL.	DEATH, INJURY;	or, in and	deaths' (2) whe	from ether	VIOLEN: Acciden

-	OR RECENT RESIDENTS)	The state of the s	
	At place	In the	
1	of death yrs mos ds.	State yrs, mos.	ds
•	Where was disease contracted.		

if not at place of de

Former or

18 FNCTH OF

usual residence. 19 PLACE OF SORIAL OR REMOVAL

DATE OF BURIAL

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. 4 classified. UNFADING INK-THIS properly supplied. certificate. that to WITH terms, in pinoda 0 WRITE PLAINLY See Instructions ۳ DEATH OF important.

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No.

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7 AGE

PARENTS

16

6 OCCUPATION (a) Trada, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

of FATHER (State or country

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Address).

OF MOTHER

(b) General nature of Industry. business, or establishment in

which employed (or employer)

state Very

> 29 UND REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulfication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia." unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "Asaffectiou need not be stated unless important. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marus-"Collapse," "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of (disease causing death), 29 ds.; State cause for Never report



1 PLACE OF DEATH 3745	STATE OF MARYLAND
County Lawrence	CERTIFICATE OF DEATH
27	Registration Dist. No.
Village or with uderson (No	St.; Ward) [If death occurred in a hospital or institution,
a n n.	give its NAME Instead
FULL NAME OW 19 Mee	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
There Ist of wipower, there	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
March 6 1914	
(Month) (Day (Year)	that I last saw har alive on 4-22- 1914
7 AGE If LESS than	and that death occurred on the date stated above, atm
yrs	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	
(a) Trade, profession, or particular kind of work	Meumonia
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Buration)yrsmosds
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF	Burglen yrs mos ds
FATHER HA Melven	(Signed) M. D.
OF FACHER ,	4-73 ,1914 (Address) 10 - 100 / 197
(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER DOWN Montagers	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE	OR RECENT RESIDENTA) At place In the
(State or country) arotime Com	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interments The Miller	Former or usual posidence
(Address) Heusens on	19 FY CE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Verrous out	Freezeway Mr 4-73 1910
Filed 4/23 1914 W. L. lanky	20 UNDERTAKER ADDRESS
REGISTRAP	HAS Melven Husesson
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, childbirth or miscarriage as "Puerperal septichuc-mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head o injnry, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations ou statement of (disease causing death), 29 ds.; "Dropsy," "Exhanstion," Never report



PHYSICIANS should of OCCUPATION is RECORD statement PERMANENT EXACTLY. classified. 4 D UNFADING INK-THIS properly may certificate. carefully 50 WITH pe on back plain See instructions of information = WRITE OF mportant. Every Ite

state Very 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No. 64
St.;Ward)	[it death occurred in a hospital or institution, give its NAME instead of street and numbor.]

(Day

ADDRESS

191

(Year)

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 6 SINGLE, DATE OF DEATH MARRIED. Warred (Write the word) DATE OF BURTH (Month) (Day (Year) 7 AGE It LESS than 1 day,hrs. -mos-OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country PARENTS 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE ISOTRUE TO

REGISTRAR

If more blanks are needed, address State Registrar,

17 I HEREBY CERTIFY, That I attended deceased from
that I last saw h alive on the date stated above, at 3 mm
that I last saw h allve on to destate 191
and that death occurred on the date stated above, at 3-0-m
The CAUSE OF DEATH* was as follows:
Cardiac astrona
Several years mos ds
Gontributory
(Doration) yrs mos ds
(Signed) 1378 Jefferson M. D.
(Signed) By Sefferson, M. D apr 13, 1914 (Address) Rederals by Me
State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place
of death
It not at place of death?
Former or usual residence

E. Franklin St., Bulto., Requesting V. S. No. 1.

(Month)

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15





[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on aeeount of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foremau," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

hant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Coutributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (sceondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations ou statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1914
BUREAU, V.S.

WRITE PLAINLY, WITH

of Information

CAUSE OF Important.

m ż

V. S. No. 1.

PHYSICIANS should state of OCCUPATION Is very Exact statement properly classified. carefully supplied. DEATH In plain

RECORD

PERMANENT EXACTLY.

4

UNFADING INK-THIS IS

AGE



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St .;.... ...Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
enule Wale Proposed	16 DATE OF DEATH Month Day (Year) 17 HEREBY GERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	that I last saw best alive on Sil 4 ,1914
7 AGE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work house - wife	at flattafian
(b) General nature of industry, business, or establishment in which amployed (or employer)	(Duration) yrs mos ds.
State or country Mary Lawy	Secondary (Duration) yrs mos ds.
TATHER SALLEY SELLEN SE	(Signed) , M. D. , 191 (Address To Color)
12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) lugues Musche of	If not at place of death? Former or usual residence.
(Address) Boldwing graf	18 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4-2/, 191 4
Filed 7/20, 191 20 Couples	18 MINGIA PAIN Cheft Receiptories

If more blanks are ueeded, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, 'first line will be sufficient, e. g., Farmer or Planter, it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report



RECORD

Village or Cit Bethlehem (No	CERTIFICATE OF DEATH Registration Dist. No. 63 St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; Ward) If death occurred in a hospital or institution give its NAME instead of street and number,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, wipower, Single (Write the word)	16 DATE OF DEATH 4 - 30-, 191- (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE TAGE TAGE TOTAL STATE OF BIRTH Option (Day (Year) (Year) (Year)	that I last saw h alive on
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Still-Birth at Jull
9 B!RTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration)yrsmos
FATHER SOME Sands 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 14 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLES CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide TAL, SUICIDAL, or HOMICIDAL.
of Mother Shace E. McSill 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE/TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. 1
(Informant) John Sands (Address) Bethlehem	Former or usual residence
Elles 4-31- will Ohan B. Wanniame	20 ANDERTAKER A ADDRESS A

O REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head "Dropsy," "Exhaustion," The nature of the Never report



WRITE PLAINLY, WITH

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pish terms, so that it may be properly cisssified. Exact statement of OGCUPATION is very RECORD Important. See instructions on back of certificate.

3749 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.
		Fit doubt appur

Ward)

[It dealb occurred in

	FULL NAME Syan Staffar	a nospiral of Institution give its NAME lostea of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	MALL Acoloror RACE SSINGLE, MARRIED, WIDOWED, WITH UND ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 p	OATE OF BIRTH (Month) (Day) (Year)	that I isst saw h and alive on affect above, at the GAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION) Frade, protession, or irticular kind of work) General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE State or country)	Contributory That December (Secondary) (Duration) yrs mos ds
RENTS	10 NAME OF FATHER M Caul Shifter M 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
PA	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. Stale yrs, mos, ds.
	(Informant) In Carl States	Where was disease contracted, If not at place of death? Former or usual residence.
15 FII	(Address) remain my my medfeil 7, 1914 Da George my market	Decelor Cecuelory address 20 UNDERTAKER ADDRESS J. Myll Moore Decelor
1	If more blanks are needed, address State Registra	8 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indlof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of Never report



RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3750 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

,	Registration Dist. No. 63
/illage or City Preston (No.,,	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Uknown White Spingle, Marrieo, Willower, Orgivorceo (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Opril 16, 914 Cloub) (Day (Year)	
AGE O yrs O mos O ds. Or Omin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Still - Born (Duration) yrs. mos. ds.
OF MAIDEN NAME OF OF MOTHER (State or country) 10 NAME OF FATHER Perry D. Jaylor 11 BIRTHPLACE OF FATHER (State or country) 12 NAME OF OF MOTHER OF M.	Contributory Secondary Secondary (Signed) (
of Mother Gladys Reeder 13 BIRTHPLACE OF MOTHER (State or country) Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) (Address)	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Bray 30, 1914 Shas B. Hassian Registran	20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

N.B.





[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Loeomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD Y. S. No. 1.

1 PLACE OF DEATH 3751	STATE OF MARYLAND CERTIFICATE OF DEATH
County Carolina	Registration Dist. No. 67
Village or City Decelor Mes.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
* PULL NAME Hobbe James	Malker of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	(Lot , 1963, to april 2 2 , 1914, that I last saw hair alive on a fruit 2 2 , 1914
7 AGE If LESS than t day,hrs. OR	and that death occurred on the date stated above, at # P m, The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, protession, or particular kind of work Sue Clasul	Jamanay Javacansu
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) — yrs. 6 mes. — ds.
(State or country) washington & C.	(Secondary) (Deration) yrs mos ds.
10 NAME OF James & Walker	(Signed), R. Julia, M. D.
11 BIRTHPLACE OFFATHER (State or country) washington & C	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
of MOTHER Marion Gelling	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Washington & C,	At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
(Informant) Walker	It not at piace of death?
(Address). Deulon Zug.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed april 75, 1914 D. O. George Su S REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registra	E. Franklin St., Baito., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioampie: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 ds.: "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1914
BUREAU. V.S.

UNFADING INK-THIS IS

Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it milmortant. See instructions on back of certificate, WRITE PLAINLY, WITH No. 1. 1.8 **1**

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Filed Sepril 3, 1914

State

should

PHYSICIANS RECORD

PERMANENT stated EXACTLY.

of OCCUPATION Is very

properly classified. Exact statement

should be

AGE

e carefully supplied.

1 PLACE OF DEATH 3752



STATE OF MARYLAND CERTIFICATE OF DEATH

County Larracue	Registration Dist, No. 6/
Village or City Greensborn (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, Single ORDIVERCED (Write the word)	18 DATE OF DEATH April 2 , 191 Month) (Day (Year) 17
7 AGE (Month) (Day (Year) 7 AGE (Month) (Day (Year) 1 (LESS than t day, hrs. OR mln.?	that I last aaw here allive on allive on the date stated above, at 5-30 Pm The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Carrolline Co., MA	Contributory Perlinois Secondary
OF FATHER Charles Walls 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Bugland 14 THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas Walls	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence.
(Address). Kreensborn Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS





[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. statement. Never return "Laborer," additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons But in mady "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospiual meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State canse for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viochildbirth or miscarriage as "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The pature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-



7. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

County Co	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City New Donling (No. 1900) * FULL NAME OFFICE B. The	Registered No. Cot. St; Ward) [If death occurred is a hospital or institution give its NAME losteac of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Hite (Write the word)	16 DATE OF DEATH (Month) (Day) (Yesr) 17 I HEREBY CERTIFY, That J attended deceased from
G DATE OF BIRTH (Month). (Day) (Year)	that I last saw ht silve on an 21 4 191 4
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	(Acceptan) was and
which emplayed (or employer) BIRTHPLACE (State or country)	(Doration) yrs mos ds (Secondary) (Daration) yrs mos ds
10 NAME OF JUST BENE CLARED	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Pulls Quillenin	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrs,mos,ds. Where was disease contracted,
(Informant)	If not at place of death? Former or usual residence
(Address)	mond - SATE OF BURIAL
Filed April 22, 1814 Da George my D. REGISTRAR	Wamp in & Sin Federal Sed
If more blanks are needed, address State Registrate	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

carefully supplied.

See instructions on back of certificate.

Important.

Filed Office 6, 1914

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RECORD

A PERMANENT

1 PLACE OF DEATH

3754



STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty Carour	Contraction of the contraction o	//
		Registratio	n Dist. No. 6.6
Vii	iage or City Ridgely (No	e, St;	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3 s	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, OR DIVERGED (Write the word)	16 DATE OF DEATH (Mont)	
6 D	ATE OF BIRTH Apr. 6, 114. (Month) (Day (Year)	that I last saw haliye on	
7 A	It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date The CAUSE OF DEATH* was as fol	
pa (b) bus wh	Trade, profession, or ricular kind of work	Contributory 1 fy draw Secondary	mis
ENTS	10 NAME OF Raymond & Wood, 11 BIRTHPLACE OF FATHER (State or country) Caroline Co.	(Signed) & F. Smith Apr. 6, 191 Y. (Address) *State the Disease Causing De-	Ridgely Ind
PAREN	13 BIRTHPLACE OF MOTHER (State or country) Caroline Co.	CAUSES, state (1) MEANS OF INJUTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOMOGON RECENT RESIDENTS) At place of death yrs, mos, ds,	SPITALA, INSTITUTIONS, TRANSIENTS
14	(Informant)	Where was disease contracted, if not at place of death? Former or usual residence	
16	(Address) (Littly Ely Mil)	Denton mar 20 UNDERTAKER	DATE OF BURIAL Offel , 191 4
El	led 11. 2 6 1911.	OHDENIANEN	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Hacmorrhage," "Idanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 "Exhaustion," For vio-

